

the vice chair, Senator FEINSTEIN, as well. Every Senator should want to protect Americans' most private and personal information, which means every Senator should want to see this bill pass. With a little cooperation, we will.

### OBAMACARE

Mr. MCCONNELL. Mr. President, barely a week goes by that we don't see another harmful consequence of ObamaCare, a poorly conceived and badly executed law. It has caused costs to millions of Americans. It has harmed the quality and availability of care. Now comes further evidence that ObamaCare is a mess of a law, filled with broken promises.

We recently learned the Kentucky Health Cooperative, a nonprofit health insurer created by ObamaCare with Federal taxpayer funds, will cease operations and stop offering health care plans at the end of the year. For the second time in as little as 3 years, as many as 51,000 Kentuckians will lose the health care coverage they currently have and will be forced to choose a new plan—all thanks to ObamaCare. This Kentucky co-op was a boondoggle from the start. It received nearly \$150 million in Federal loans, including a solvency loan this past November in a failed taxpayer bailout to try to keep it afloat. It had the largest recorded loss of all 23 co-ops in our whole country. The Kentucky co-op had the biggest loss of any co-op in the whole country—more than \$50 million in 2014.

Things were hardly much better for the Kentuckians who actually enrolled in it. Over the past 2 years, the co-op saw double-digit premium increases on the individual market. If it had survived, it was planning on increasing premiums for its members by 25 percent in 2016. If this contraption had survived into next year, it was going to increase premiums by 25 percent.

Here is what the Kentucky co-op's CEO said about this particular government-subsidized health care plan: "In the plainest language, things have come up short of where they need to be."

That is for sure. If only we would have that kind of honesty from the Obama administration on the many failures of ObamaCare. The collapse of the Kentucky co-op is emblematic of the situation across the land. The Obama administration claimed their government-subsidized co-ops would provide affordable and sustainable alternatives to private insurance. The truth is anything but that. What is even more disappointing is that the Obama administration itself predicted a nearly 40-percent default rate on its taxpayer loans to co-ops.

Now, 21 of 23 co-ops nationwide were losing money as of the end of last year. Enrollment in these co-ops fell below projections for the majority of plans. Kentucky's neighbor to the south, Ten-

nessee, will shut down its co-op, leaving approximately 27,000 enrollees looking for new coverage at the end of the year. In Colorado, the State's biggest health insurer on their exchange—a nonprofit co-op—also announced its closure this month, forcing 83,000 Coloradans to find new insurance for next year. The same is true in Iowa, Nebraska, Nevada, Oregon, and Louisiana. From the bayous of Louisiana to the Pacific Northwest, from the Big Apple to the Great Plains and the Rocky Mountains, ObamaCare co-ops are failing all over America. In all, one-third of the 23 ObamaCare health co-ops have failed, leaving about 400,000 policyholders nationwide looking for new coverage for 2016.

These failures of ObamaCare health co-ops come as absolutely no surprise to those of us who predicted that giving the government more control of our health care system would be detrimental to the health care coverage people rely on. I said so on the Senate floor as far back as 2009.

The administration knew beforehand that this plan was not viable and that tens of thousands of people could lose their coverage. They chose to cling fast to a disastrous leftwing experiment with our health care system over choosing stability and affordable coverage for the many people caught up in ObamaCare and these failed health co-ops. What a colossal mess.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, I would like to associate myself with the remarks of the majority leader and point out in today's New York Times, Wednesday, October 21, the big headline—"Insurance Out of Reach for Many, Despite Law." Despite this law, insurance is out of reach for many. I know my colleagues who were back home visiting with people around their home State last week, listening to what was on constituents' minds, heard exactly this—the problems of the health care law.

I was at home in Wyoming, and I heard from a lot of people who are very concerned about President Obama's collapsing health care law. That is what this law is doing; it is collapsing. People in Wyoming learned that one insurance company—WINhealth—will no longer be selling insurance through the ObamaCare exchange in our State. The company said it had to stop selling ObamaCare plans because there was no way to make money without big taxpayer subsidies coming from Washington. This company was already planning to raise rates significantly next year, and it turns out that even that wasn't going to be enough money to make it worthwhile. In less than 2 weeks, ObamaCare exchanges across the country will start selling insurance for next year. The total number of companies left selling insurance in the exchange for the State of Wyoming will be exactly one—one. There will be

no competition at all in the ObamaCare exchange. If your doctor doesn't take that insurance, you are out of luck. If you can't afford it, you are out of luck. Is that how ObamaCare was supposed to work? Is that what the President promised the American people?

I got an email from one of my constituents yesterday—Al Harris, a great guy, in Green River, WY, and he wrote: "HELP!!!!!!!" He said: "WINHealth has become the latest casualty of ObamaCare." Al says that at his business "I have about 30 people that now will have no insurance . . . at least not this insurance. I am scrambling with few options and I'm convinced any option will be substantially more expensive." Al said: "This train wreck needs to be stopped."

I agree. President Obama and Democrats in Congress made a mess of the health care system in our country, but they said they had a better way of doing things. They said they knew best how to create competition and how health care should operate in America. They created all these Washington mandates. They required people to buy expensive coverage that was more than most people wanted, needed or could afford. Then they created the exchanges where people could buy this new, expensive Washington-mandated insurance coverage. Now the people of Wyoming are left with one option on the ObamaCare exchange. Buy this insurance from this one company or the IRS will come knocking at your door to collect a big tax penalty. The penalty is going up next year.

Because of the significant failures of the Obama administration, rural Americans now have fewer choices. It is not just in Wyoming. We learned last week that insurance co-ops in Colorado, Oregon, and Tennessee are all closing their doors. Why? Because they have lost so much money. Eight of the twenty-three health care co-ops in the country have collapsed, completely collapsed in the last couple of months. Co-ops have closed in New York, Kentucky—as the majority leader said—in Louisiana, in Nevada, in Iowa, and Nebraska. Many are in rural areas where people already don't have a lot of choice.

We are talking about one-half million people who are going to lose their coverage, losing their insurance. Remember that promise President Obama made: If you like your coverage, you can keep your coverage. Where is the President now? The President says the health care law is working better than he even thought. Amazing. ObamaCare created these co-ops claiming to provide low-cost insurance. Then it saddled each of them with so many mandates and so many restrictions that they needed massive taxpayer bailouts. All together, these failed co-ops collected nearly \$900 million already in taxpayer loans to get the help they needed to get going. That is how President Obama put this together.

Now these co-ops have sunk, others are sinking, and they are taking the taxpayer loans with them. The ones that are trying to survive have been saying we are going to have to hike our rates. The co-op in Utah plans to raise its premiums by 58 percent starting in January just to be able to stay open. Is that what the President promised when he said rates would drop \$2,500 per family?

In Montana, the rates are set to go up 43 percent for some co-op plans. That is not what anyone in America needed, and it is certainly not what rural Americans need. President Obama said the American people were going to get more choices—more choices—because of his law instead of getting fewer choices. Yet he stands up and boldly says it is working better than he expected.

ObamaCare created the illusion of coverage. Now even the illusion is disappearing. What is even worse for rural Americans is that it is not just the coverage that is turning out to be an illusion under ObamaCare. The care is actually disappearing. Earlier this month, we learned that Mercy Hospital in Independence, KY, will be closing soon. This is the 56th rural hospital to close in the United States since 2010 when ObamaCare became law. Another 238 hospitals are in danger of closing. The added expense, the regulations, and the other destructive side effects of ObamaCare are a big reason for this. The patients who rely on these hospitals will have to find some other place to go to get their medical care—somewhere further away from home.

Democrats in Congress—many who live in big cities—may take for granted they can get to a hospital quickly. It is not the case in rural America. As a doctor who has practiced medicine for 25 years, I can tell you that the extra time people spend traveling to a hospital can make all the difference in the world between life and death. For someone who has had a heart attack or has been in a traffic accident or for a woman with a high-risk pregnancy, every minute counts. Only 20 percent of the U.S. population lives in rural areas, and these areas account for 60 percent of all trauma deaths. Americans living in these rural areas don't and didn't need President Obama making it tougher for their rural local hospital to stay open. Mercy Hospital was the center of medical care in the community for 100 years. It has provided jobs for nearly 200 people.

In many parts of the country, such as in Independence, KS, and in much of my home State of Wyoming, the local hospital can be the biggest employer in the community. If the hospital closes, these people lose their jobs and the tax base for the community goes down, which means fewer services, such as schools, firefighters, and public safety, and maybe the local restaurant or florist won't have enough business to stay open. Nurses, teachers, and other workers may move away looking for a bet-

ter opportunity somewhere else. It would also make it harder for the town to attract new businesses, new doctors, and more teachers, and the town suffers.

That is what these communities across America are facing. Is that what President Obama promised the American people? Is that how ObamaCare was supposed to work?

Ezekiel Emanuel is one of the President's architects of the health care law. He says that shutting down 56 hospitals is not enough. He has actually written a book about this. It is astonishing. The architect of the President's health care law has written a book, and he says that over the next few years—between now and 2020—more than 1,000 hospitals will close. There will be 1,000 American communities where people will be farther away from medical care. We will have 1,000 American towns in danger because of the lost jobs and lost health care.

There is no dispute that we needed health care reform in this country. We did not need this destructive, disruptive, and dangerous ObamaCare law. It has been bad for patients, it has been bad for the providers—the nurses and doctors who take care of those patients—and it has been terrible for the American taxpayers. It has been especially hard on rural communities.

We have to do something to stop this corrosive condition that causes hospitals to close, insurance co-ops to collapse, and health care choices to disappear.

Democrats in Congress need to sit down with Republicans and start talking about the kind of health care reforms that the American people need, want, and deserve.

I thank the Presiding Officer.

I yield the floor.

The PRESIDING OFFICER (Mr. COTTON). The Senator from Indiana.

#### WASTEFUL SPENDING

Mr. COATS. Mr. President, I return to the floor this week for my 24th edition of "Waste of the Week." I have been coming down every week that Congress has been in session during this cycle talking about waste, fraud, and abuse of hard-earned taxpayer dollars. This is the 24th edition, and today I want to highlight improper Medicare payments.

We all know that Medicare is important to our older citizens, of which I am one. Tens of millions of Americans depend on Medicare for their health care coverage, and we all know that we have the responsibility here in this body to preserve these important health benefits for those who depend on them. Preserving these benefits is protecting Medicare from waste, fraud, and abuse. Unfortunately, throughout the history of Medicare, it has been plagued by improper payments, and it is shocking to hear the numbers.

The Government Accountability Office has reported that improper Medi-

care payments totaled nearly \$60 billion in 2014 alone, and over the last 10 years, there has been \$336 billion of improper payments in the Medicare system. This figure does not even include improper payments for certain Medicare programs whose record keeping does not date back that far.

Examples of improper Medicare payments include services that are not medically necessary, duplicative billing for services by providers, ineligible practice locations, and spending on services that actually never took place. Yes, actions that never took place have been billed to the government. It wasn't discovered until later that those reimbursements were improper, and it is rampant. This is taking money out of American people's pockets. It is also denying those who have Medicare the coverage that they are entitled to under the program. It is driving Medicare down a road to insolvency that we are going to have to deal with, and I think we should have been dealing with it over the past few years.

Since we can't summon the political will—to my great distress—to recognize the fact that Medicare is careening toward insolvency at some point, which will result in significantly cutting benefits for current members receiving benefits under Medicare or require massive tax increases to cover the deficit, one of the areas we can deal with now is to at least address those issues where we know that abuse has taken place.

This is the 24th time I have come down to the floor to talk about this issue, and I have this chart with a thermometer on it to demonstrate the spending that has taken place. We wanted to reach the goal of defining \$100 billion of waste, fraud, and abuse. Well, we shot way past that. I mean, we just can't catch up with it. These are matters that have been accounted for by the Government Accountability Office. This is not something that Republicans are just making up or drawing from anecdotal items that appear in the paper or are raised on the talk shows. These are examples of what we have already documented.

Every once in a while when I come down here, I could talk about the \$60 billion, and we could add \$60 billion to our climbing accountability of the total of waste, fraud, and abuse. But every fourth or fifth time I like to address something that is so egregious that it draws the public attention to say that we ought to look into this or to press their elected representatives to do something about this matter and say: Can you believe we are wasting money on something as frivolous as this?

The Washington Post recently said in an editorial about improper Federal payments: "Every misspent dollar lining an undeserving pocket is a dollar not available for those who need the help."

Now, from time, as I have said, I try to bring up something that catches the